endeavoured to impress upon its readers the great danger, we might say the unjustifiableness, of the use of chloroform, and we are glad to find that the profession in Great Britain, aroused by the frequent reports of cases of fatal poisoning by chloroform, are beginning to realize the danger of chloroform, and that in ether we have an almost absolutely safe anæsthetic.

In the *Lancet* (Jan. 30th), it is stated that "St. George's Hospital has an experience of nearly four years during which ether has been used there as the ordinary and prevailing anæsthetic, and during which it has been amply proved to be speedy, convenient, and effectual for all purposes."

Dr. Thos. Keith, of Edinburgh, the successful ovariotomist, states (*British Med. Journal*, Jan. 30th) that he has given ether in ovariotomy and other prolonged operations, or whenever it was necessary in feeble patients to give an anæsthetic, ever since the beginning of 1867, and he adds that his "confidence in sulphuric ether as the best practical anæsthetic we yet have does not diminish. Its low specific gravity must make it less dangerous than the others. It is not perfect, but it answers my purpose better than any other. It saves my patients from the misery of after-vomiting, and, in ovariotomy, from the chance of losing their lives in certain cases of bad adhesion from bleeding being set up by the sickness after the abdomen is closed. Whether of itself it diminishes the risk of operations, I cannot tell; but I am inclined to think that it does often save the feeble ones. This much I can say, that ether has now been given in one hundred and thirty-five cases of ovariotomy, and in two cases of successful removal of the uterus for fibro-cystic tumour. In every case, the anæsthesia was profound, many of the operations were very tedious, and, of the last sixty-six operated on, sixty have recovered."

16. *Copaiba as a Diuretic.*—Mr. E. L. Dixon records (*The Practitioner*, Feb. 1875) three cases of dropsy, in which he administered copaiba as a diuretic with great benefit. "The drug seemed to act by increasing the amount of the urinary water, for the sp. gr. fell as the amount of the urine increased."

17. *Rhamnus Frangula as a Substitute for Castor Oil.*—Dr. J. C. O. Will recommends (*Med. Times and Gaz.*, Feb. 6, 1875) the fluid extract of *Rhamnus frangula*, black alder, as possessing all the desirable properties of castor oil without its disagreeable ones. The extract he employs contains in each drachm the equivalent of one drachm of the bark. "This extract is a dark brown, thickish fluid, with a rather sweetish and far from disagreeable taste. The dose, of course, varies according to the effect desired, the age, and the condition of the patient; but I have proved from experience that the quantity suggested by the makers of the extract—viz., one to two drachms—is, as a rule, too small for an adult. For a child one drachm is sufficient, but for an adult a dose of from two and a half—that is, an average dessertspoonful—to five drachms is necessary, and I generally order the following: ℞. Extracti rhamni frangulæ liquidi ʒv, aquam ad ℥j. M. Sig.: the half to be taken in a wineglassful of cold water, and should the bowels not move in four hours the remainder to be given; or the first dose at night, and the second in the morning, should no motion have taken place. The effects are much akin to those of castor oil, but there is no nausea, there are no eructations, and there is no griping. With regard to the last symptom, though it is, as I have already stated, but slight in the case of castor oil, it is hardly ever present here in even the least degree, only one patient of the many to whom I have given it complaining of it at all, and in her case the bowels had not been opened for four days, and she had only a very little uneasiness. The stools are not generally loose, and never watery; it usually acts only once, but in two of my cases three motions followed five drachms. It seems to have, in addition, as first stated by Mr. Giles, tonic and aromatic qualities, by which the muscular action of the bowels is slightly stimulated; and it is probably to this that its usefulness in habitual constipation is to be attributed. I have now prescribed it in many different forms of disease, and in all it has answered well. I think that it will prove particularly useful in children; in those suffering from hemorrhoids, or

other affections of the rectum; after surgical operations about the pelvis or abdomen; in inflammatory or spasmodic diseases of the genito-urinary organs; in pregnant and puerperal females; or, to quote the words of Christison when speaking of oleum ricini, 'in all circumstances where it is desirable to move the bowels gently without occasioning local irritation or general disturbance.'"

18. *Antagonism of Medicines.*—In our preceding number we gave the results of the experiments made by a committee of the British Medical Association, on the antagonism of certain medicines, and the following are the results of these investigations in regard to the other articles experimented with:—

VI. *As to the Antagonism between Tea, Coffee, Theine, Caffeine, Guaranine, on the one hand, and Meconate of Morphia on the other.*

In this investigation, one hundred and seventeen experiments were performed.

1. Theine is antagonistic to meconate of morphia, inasmuch as the action of the one substance modifies that of the other, and may even save life from a fatal dose of either substance.

2. Meconate of morphia delayed the appearance of the convulsions characteristic of the action of theine; but, on the other hand, theine, if given in large doses, did not affect in a marked degree the action of meconate of morphia, because symptoms of poisoning by theine were soon manifested.

3. Further experiments on cats showed that, (*a*) while a cat may recover from the effects of a dose of $1\frac{3}{4}$ grains of meconate of morphia given alone, it will not recover from the effects of a dose of 2 grains, even although the effects of the latter dose are modified by those following the introduction of 4 or 5 grains of theine; (*b*) that in three cases the animals recovered from the effects of $1\frac{7}{8}$ grains of meconate of morphia and 4 to 5 grains of theine, while they died when the same dose of meconate of morphia was administered eight days afterwards; (*c*) that, when the dose of theine was increased beyond five grains, the animals invariably died, apparently from the effects of theine.

4. Experiments on rabbits, as to the antagonism between meconate of morphia and theine, were found to be unsatisfactory as regards the purposes of this inquiry, because both drugs produce epileptiform convulsions in these animals.

5. The results obtained in investigating the action of caffeine and guaranine as antagonists to meconate of morphia were similar to those observed with reference to theine.

6. Experiments were made on dogs to ascertain the effects of strong infusions of tea and decoctions of coffee as antagonists to meconate of morphia. These were unsatisfactory, chiefly because the tea or coffee was usually vomited so soon as to prevent the possibility of the exercise of any physiological antagonism. At the same time, it was observed in several instances that the administration of tea or coffee so excited the animals as to prevent them from falling into stupor or coma after a dose of meconate of morphia, which would have produced this effect had the tea or coffee not been given.

VII. *Antagonism between Extract of Calabar Bean and Strychnia.*

In this investigation, thirty experiments were performed.

Although the symptoms produced by either substance were modified considerably by the action of the other, there was no instance of recovery from a fatal dose.

VIII. *As to the Antagonism between Bromal Hydrate and Atropia.*

In this investigation, thirty-six experiments were performed.

1. There is a distinct physiological antagonism between bromal hydrate and atropia.

2. After a fatal dose of bromal hydrate, the introduction of atropia arrests excessive secretion from the salivary glands and mucous surfaces of the lungs, and thus obviates the tendency to death from asphyxia caused by the accumulation of fluids in the air-passages. Atropia also causes contraction of the